

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$14,463.21 for date of service, 06/26/01.
- b. The request was received on 05/31/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. UB-92
  - c. EOB/TWCC 62 forms/Medical Audit summary
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 07/10/02. The Requestor did not respond per Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). The Carrier's initial response is reflected in Exhibit II.

### **III. PARTIES' POSITIONS**

1. Requestor: Statement on the Table of Disputed Services

“Carrier denied per code ‘M’ and did not supply documentation of ‘methodology’ per 133.304 or pay at a ‘fair and reasonable’ rate. Carrier is also not reimbursing facility consistently as required by the Texas Administrative Code. Carrier is also not reimbursing for billed charges that have a ‘MAR’ per the TWCC Fee Guideline.”
2. Respondent: No response statement found in the dispute packet.

#### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 06/26/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$15,702.23 for services rendered on the dispute date above.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$888.80 for services rendered on the dispute date above.
5. The Carrier's EOBs denied any additional reimbursement as "M – THE REIMBURSEMENT FOR THE SERVICE RENDERED HAS BEEN DETERMINED TO BE FAIR AND REASONABLE BASED ON BILLING AND PAYMENT RESEARCH AND IS IN ACCORDANCE WITH LABOR CODE 413.011 (B)." and "OPSR – FAIR AND REASONABLE REIMBURSEMENT FOR THE ENTIRE BILL IS MADE ON THE 'OR SERVICE' LINE ITEM".
6. Per the Requestor's Table of Disputed Services, the amount in dispute is \$14,463.21 for services rendered on the dates of service in dispute above.

#### **V. RATIONALE**

Medical Review Division's rationale:

The medical documentation indicates the services were performed at an ambulatory surgical center.

Per Rule 133.304 (i), "When the insurance carrier pays a health care provider for treatment(s) and/or service(s) for which the Commission has not established a maximum allowable reimbursement, the insurance carrier shall:

1. develop and consistently apply a methodology to determine fair and reasonable reimbursement amounts to ensure that similar procedures provided in similar circumstances receive similar reimbursement;
2. explain and document the method it used to calculate the rate of pay, and apply this method consistently;
3. reference its method in the claim file; and
4. explain and document in the claim file any deviation for an individual medical bill from its usual method in determining the rate of reimbursement."

The response from the carrier shall include, per Rule 133.307 (j) (1) (F), “.... if the dispute involves health care for which the Commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the amount the respondent paid is a fair and reasonable rate of reimbursement in accordance with Texas Labor Code 413.011 and §133.1 and 134.1 of this title;”.

The Medical Review Division has to determine, based on the parties’ submission of information, which has provided the more persuasive evidence of fair and reasonable. As the Requestor, the health care provider has the burden to provide documentation that “...discusses, demonstrates, and justifies that the payment being sought is fair and reasonable rate of reimbursement....” pursuant to TWCC Rule 133.307 (3) (g) (D). The Requestor has not submitted any documentation to support the service billed is fair and reasonable. Therefore, **no** additional reimbursement is recommended.

**REFERENCES:** The Texas Workers’ Compensation Act & Rules: Sec 413.011 (d); Rule 133.304 (i); Rule 133.307 (g) (3) (D); (j) (1) (F).

The above Findings and Decision are hereby issued this 4th day of March 2003.

Denise Terry  
Medical Dispute Resolution Officer  
Medical Review Division

DT/dt